Scholars Journal of Medical Case Reports
Sch J Med Case Rep 2013; 1(2):40-41
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(An International Publisher for Academic and Scientific Resources)

ISSN 2347- 6559 (Online)
ISSN 2347- 9507 (Print)
DOI: 10.36347/sjmcr.2013.v01i02.006

Acral Malignant Melanoma: Report of Two Cases

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Abstract: Malignant melanoma is relatively a rare condition in India with incidence less than 0.5% of all malignancy. Commonly it is misdiagnosed as benign lesion hence associated with poor outcome. We managed two cases of acral malignant melanoma at our center. Case presentation 1: A 77 year old male presented with a nonhealing ulcerative lesion on lateral side of left foot below ankle since last 2 months. Biopsy from the lesion revealed presence of malignant melanoma. Lesion was resected with wide excision and histopathological examination confirmed acral malignant melanoma Stage II. Case 2: A 35 year old lady was referred with painful lesion on left palm since eight months. On examination two nodules with black lacy pattern without evidence of satellites were observed. Both nodules were surgically excised with cm margin. Histopathological examination of specimen confirmed diagnosis of malignant melanoma and also lymph nodes showed features of metastasis. Both patients received systemic chemotherapy and now in complete remission phase. In conclusion, these cases signifies patient and physician factor in early diagnosis of uncommon but serious condition of melanomas. Awareness about skin examination especially on palms and foot should be encouraged.
Keywords: Acral malignant melanoma, systemic chemotherapy, excision.

INTRODUCTION

Cutaneous malignant is the most form of skin cancer accounting for 78%% of skin cancer reated deaths [1]. Histologywise there are 4 types of melanomas. Among these superficial spreading melanoma is common representing lesions on trunk. Noduar melanoma have verical growth phase whereas entigo malignant melanoma is associated with long term sun exposure. Acral lentiginous melanoma are seen predomintly on nail beds,palm and soles [2, 3].

In Indian population melanoma is relatively uncommon condition. Its highest incidence is observed in sixth decade of life [4]. Most of the times it remains undiagnosed in its initial phase. Once metastatised, it is associated with poor outcome. We managed two cases of acral malignant melanoma at our center.

Case I: A 77 year old male presented with a nonhealing ulcerative lesion on lateral side of left foot below ankle since last 2 months. Patient had cracks on foot for which he was used to apply routine ointments. There was no history of any previous lesions, trauma or moles at the site of lesion. On local examination it was a reddish black ulcerated tender lesion of size 5x4 cm with irregular border (Fig. 1).

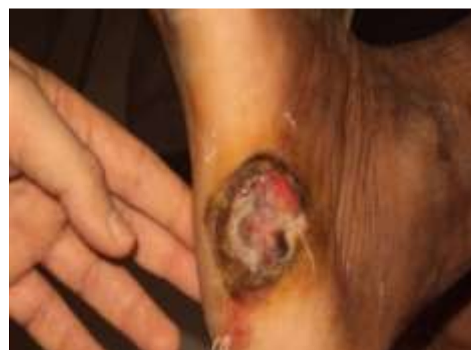

Fig. 1: Ulcerative lesion on left foot

Biopsy from the lesion revealed presence of malignant melanoma. So we planned a surgery and growth was removed with wide excision keeping 3 cm margin. On histopathological examination infiltrated tumour cells with melanin pigments in dermis and subcutis were present with ulcerated epidermis. There was no evidence of lymph node and distant metastasis. The patient was diagnosed as acral malignant melanoma Stage II (AJCC staging).

Case II: A 35 year old lady was referred with painful lesion on left palm since eight months. She had a mole at fourth interwebspace which increased gradually in size and removed by general practitioner one year back. After four months again she observed

two painful swellings at the site of scar for which she was referred to our centre. On examination two nodules with black lacy pattern without evidence of satellites were observed (Fig. 2).

Fig. 2: Nodular lesions on palm.

Axillary lymph nodes were palpable. On excision biopsy there was evidence of malignant melanoma. Both nodules were surgically excised with cm margin. Histopathological examination of specimen confirmed diagnosis of malignant melanoma and also lymph nodes showed features of metastasis. Hence as per AJCC staging patient diagnosed as stage III and advised systemic chemotherapy.

DISCUSSION

Malignant melanoma is relatively a rare condition in India with incidence less than 0.5% of all malignancy. But WHO reported that number of cases of malignant melanoma is increasing at faster rate than other cancers [5]. Risk factors for malignant melanoma are exposure to sunlight, chemicals used in agriculture, trauma and more number of moles.

Acral melanoma was first described by Reed as a type of melanoma at acral sites like palm, sole and subungual site with initial radial growth phase. Commonly it is misdiagnosed as benign lesion hence associated with poor outcome. Prognostic parameters for management of these cases are level of invasion of tumour and tumour thickness [1].

Bristow IR and associates reported 33% missed cases of melanoma in their study [6]. In our second case time interval to diagnosis that is from initial lesion to final diagnosis of malignant melanoma was 12 months. This significant delay in diagnosis warrants carefulness to distinguish melanoma lesion from benign lesions. Lakhtakia et al reported five cases of melanoma as a frequently missed diagnosis. Incidence in dark skinned Indians might be low due to under reporting of this highly aggressive malignancy [7]. This signifies patient and physician factor in early diagnosis of uncommon but serious condition of melanomas.

CONCLUSION

Awareness about skin examination especially on palms and foot should be encouraged.

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